



## IOWA INCIDENT REPORT

West Des Moines Police Dept  
250 MILLS CIVIC PKWY  
West Des Moines, IA 50265  
9515) 222-3320

|                |               |
|----------------|---------------|
| Case Number    | 11-3212       |
| Date of Report | 7/5/2011      |
| Status         | 02 - INACTIVE |

|         |  |             |                                   |             |                      |                  |                               |             |                                   |              |       |                  |                 |       |        |  |  |
|---------|--|-------------|-----------------------------------|-------------|----------------------|------------------|-------------------------------|-------------|-----------------------------------|--------------|-------|------------------|-----------------|-------|--------|--|--|
| SUMMARY | County   | DALLAS - 25 |                                   | Report Type | 0 - INITIAL INCIDENT |                  | Day of week Incident Occurred | 3 - TUESDAY |                                   |              |       |                  |                 |       |        |  |  |
|         |  |             |                                   |             |                      |                  | Dispatched Time               | 16:15       | Hrs.                              | Arrival Time | 16:18 | Hrs.             | In Service Time | 18:29 | Hrs.   |  |  |
|         |  |             |                                   |             |                      |                  |                               |             |                                   |              |       |                  |                 |       |        |  |  |
|         | Is Incident Date / Time Known?                         | YES         | Incident Date or Lower Date Range | 07/05/2011  |                      | Upper Date Range |                               |             | Incident Time or Lower Time Range | 16:10        | Hrs.  | Upper Time Range |                 |       |        |  |  |
|         | INCIDENT REPORTED BY                                   |             |                                   |             |                      |                  |                               |             |                                   |              |       |                  |                 |       |        |  |  |
| Y       | Incident Reported by Victim?                           | NO          | Reporting Victim's Sequence No.   |             |                      | Name - Last      | VALLEY                        |             | First                             | CHRISTINA    |       | Middle           |                 |       | Suffix |  |  |
|         | Business Name (if Incident was Reported by a Business) |             |                                   |             |                      |                  | Address                       |             |                                   |              |       |                  |                 |       |        |  |  |
|         | City   |             |                                   |             | State                |                  | Zip Code                      |             | Home/Cell Phone                   |              |       | Work Phone       |                 |       |        |  |  |

|         |   |     |                |          |                                     |                               |                             |                            |                          |  |  |
|---------|---|-----|----------------|----------|-------------------------------------|-------------------------------|-----------------------------|----------------------------|--------------------------|--|--|
| OFFENSE | Seq No.                                 | 001 | Code Section   | 000.0    | Charges/Offense                     | INFORMATION FOR NEAR DROWNING |                             | UCR Offense Code           | ALL OTHER OFFENSES - 90Z |  |  |
|         | Attempted/Completed                     |     | C - COMPLETED  |          | Type of Criminal Activity (up to 3) |                               |                             |                            |                          |  |  |
|         | Type of Weapon/Force Involved (up to 3) |     |                |          |                                     |                               |                             | Gang Information (up to 2) |                          |  |  |
|         | 99 - NONE                               |     |                |          |                                     |                               |                             | N - NONE/UNKNOWN           |                          |  |  |
|         | Method of Entry                         |     | Point of Entry |          | No. of Premises Entered             |                               | Offender Suspected of Using |                            |                          |  |  |
| 001     |   |     |                |          |                                     |                               |                             | N - NOT APPLICABLE         |                          |  |  |
|         | LOCATION OF OFFENSE                     |     |                |          |                                     |                               |                             |                            |                          |  |  |
|         | Location Type                           |     |                |          | X Coordinate                        |                               |                             | Y Coordinate               |                          |  |  |
|         |   |     |                | 00431684 |                                     |                               | 04602154                    |                            |                          |  |  |

|                               |                           |              |                |                        |       |                 |                   |                               |             |                              |  |            |                 |                     |  |        |  |  |
|-------------------------------|---------------------------|--------------|----------------|------------------------|-------|-----------------|-------------------|-------------------------------|-------------|------------------------------|--|------------|-----------------|---------------------|--|--------|--|--|
| OFFENDER                      | Type of Offender          | 00 - UNKNOWN |                | Sequence No            | 00    |                 | Name - Last       |                               |             | First                        |  |            | Middle          |                     |  | Suffix |  |  |
|                               | Alias(es)                 |              |                |                        |       |                 |                   |                               |             |                              | Offender Sobriety                          |            |                 |                     |  |        |  |  |
|                               | Address                   |              |                |                        |       |                 | City              |                               | State       |                              | Zip Code                                   |            | Home/Cell Phone |                     |  |        |  |  |
|                               | DOB Known?                | DOB          |                | Age or Lower Age Range |       | Upper Age Range |                   | SSN                           |             | Resident Status              |  |            |                 |                     |  |        |  |  |
|                               | Driver's License - Number |              |                |                        | State |                 | Gender            | Height                        | Weight      | Eye Color                    |  | Hair Color |                 |                     |  |        |  |  |
|                               | Skin Tone                 |              |                |                        | Race  |                 |                   |                               | Ethnicity   |                              |  |            |                 |                     |  |        |  |  |
|                               | Scars/Marks/Tattoos       |              |                |                        |       |                 |                   |                               |             |                              | Was offender present when officer arrived? |            |                 |                     |  |        |  |  |
|                               | Type of Injury            |              |                |                        |       |                 | Hospital Taken to |                               |             |                              | Transported By                             |            |                 |                     |  |        |  |  |
|                               |                           |              |                |                        |       |                 | BLANK CHILDREN    |                               |             |                              | WDM EMS                                    |            |                 |                     |  |        |  |  |
|                               | EMPLOYMENT OR SCHOOL INFO |              |                |                        |       |                 |                   |                               |             |                              |  |            |                 |                     |  |        |  |  |
| Employer or School            |                           |              |                |                        |       |                 |                   | Occupation                    |             |                              |  |            |                 | Hours of Employment |  |        |  |  |
| Address                       |                           |              |                |                        |       | City            |                   | State                         |             | Zip Code                     |  | Work Phone |                 |                     |  |        |  |  |
| ARREST INFO                   |                           |              |                |                        |       |                 |                   |                               |             |                              |  |            |                 |                     |  |        |  |  |
| Offender Arrested?            | Arrestee Seq No           |              | Type of Arrest |                        |       |                 |                   |                               | Arrest Date |                              | Arrest Time                                |            |                 |                     |  |        |  |  |
|                               |                           |              |                |                        |       |                 |                   |                               |             |                              |  | Hrs        |                 |                     |  |        |  |  |
| Miranda By                    |                           |              |                | Miranda Date           |       | Miranda Time    |                   | Hrs.                          |             | Arrestee Condition           |  |            |                 |                     |  |        |  |  |
| Arrestee Armed With (up to 2) |                           |              |                |                        |       | Place of Birth  |                   |                               |             | Additional Incidents Cleared |  |            |                 |                     |  |        |  |  |
| JUVENILE INFO                 |                           |              |                |                        |       |                 |                   |                               |             |                              |  |            |                 |                     |  |        |  |  |
| Parent/Guard. Contacted?      | Name - Last               |              |                |                        |       |                 | First             |                               | Middle      |                              | Suffix                                     |            |                 |                     |  |        |  |  |
| Address                       |                           |              |                |                        |       | City            |                   | State                         |             | Zip Code                     |  |            |                 |                     |  |        |  |  |
| Home/Cell Phone               |                           |              |                | Work Phone             |       |                 |                   | Juvenile Arrestee Disposition |             |                              |  |            |                 |                     |  |        |  |  |

|   |   |   |  |                              |   |  |   |   |                          |
|---|---|---|--|------------------------------|---|--|---|---|--------------------------|
| V<br>I<br>C<br>T<br>I<br>M  | Type of Victim<br><b>1 - INDIVIDUAL</b>             | Sequence No<br><b>001</b>   | Name - Last<br><b>DANIELS</b>  |                              | First<br><b>KADEN</b>   |  | Middle<br><b>DON</b>                                |   | Suffix                   |
|   | Business/Organization/Municipality Name             |   |  |                              |   | City<br><b>DES MOINES</b>                |   | State<br><b>IA</b>                        | Zip Code<br><b>50315</b> |
|   | Alias(es)   |   |  |                              |   |  | Victim Sobriety<br><b>1 - HAD NOT BEEN DRINKING</b> |   |                          |
|   |   |   | Age or Lower Age Range<br><b>05</b>  | Upper Age Range<br><b>05</b> |   |  |   | Resident Status<br><b>N - NONRESIDENT</b> |                          |
|   |   | State   | Gender<br><b>M - MALE</b>  | Height<br><b>4' 00"</b>      | Weight<br><b>70 LBS</b>   | Eye Color<br><b>BLUE - BLU</b>           |   | Hair Color<br><b>BROWN - BRO</b>          |                          |
|   | Skin Tone<br><b>FAIR - FAR</b>                      |   | Race<br><b>3 - CAUCASIAN</b>   |                              | Ethnicity<br><b>N - NOT OF HISPANIC O</b>   |  | Scars/Marks/Tattoos                                 |   |                          |
|   | Type of Injury<br><b>O - OTHER MAJOR INJURY</b>     |   |  |                              | Hospital Taken To<br><b>BLANK CHILDREN</b>  |  | Transported By<br><b>WDM EMS</b>                    |   |                          |
|   | <b>EMPLOYMENT OR SCHOOL INFO</b>                    |   |  |                              |   |  |   |   |                          |
|   | Employer or School                                  |   |  | Occupation                   |   |  | Hours of Employment                                 |   |                          |
|   | Address   |   |  | City                         |   | State                                    | Zip Code  | Work Phone                                |                          |
| 001   | <b>VICTIM CONNECTED TO UCR OFFENSE CODES</b>        |   |  |                              |   |  |   |   |                          |
|   | UCR Offense Code 1                                  |   |  |                              | UCR Offense Code 2  |  |   |   |                          |
|   | UCR Offense Code 3                                  |   |  |                              | UCR Offense Code 4  |  |   |   |                          |
|   | <b>ADDITIONAL OFFENSE CIRCUMSTANCE INFO</b>         |   |  |                              |   |  |   |   |                          |
|   | Aggravated Assault/Homicide Circumstances (up to 2) |   |  |                              |   |  |   |   |                          |
|   | Additional Justifiable Homicide Circumstances       |   |  |                              |   |  |   |   |                          |
|   | <b>VICTIM'S RELATIONSHIP TO OFFENDER(S)</b>         |   |  |                              |   |  |   |   |                          |
|   | First Offender<br>Seq. No                           | Victim's Relationship to First Offender   |  |                              | Second Offender<br>Seq. No  | Victim's Relationship to Second Offender |   |   |                          |
|   | Third Offender<br>Seq. No                           | Victim's Relationship to Third Offender   |  |                              | Fourth Offender<br>Seq. No.   | Victim's Relationship to Fourth Offender |   |   |                          |
|   | <b>SPECIAL CIRCUMSTANCES</b>                        |   |  |                              |   |  |   |   |                          |
| Not Applicable <input checked="" type="checkbox"/> Bias Crime <input type="checkbox"/> Domestic Abuse <input type="checkbox"/> LEOKA <input type="checkbox"/> |   |   |  |                              |   |  |   |   |                          |
| <b>BIAS CRIME</b>   |   |   |  |                              |   |  |   |   |                          |
| Bias Motivation   |   |   |  | Target Code                  |   |  |   |   |                          |
| Bias Group Affiliations   |   |   |  |                              |   |  |   |   |                          |
| <b>DOMESTIC ABUSE</b>   |   |   |  |                              |   |  |   |   |                          |
| Children Present?   | Seq. No. of Domestic Abuse Offender                 |   | Does the victim have a current No Contact Order?<br><input type="checkbox"/> YES <input type="checkbox"/> NO |                              | Has the subject been charged with domestic abuse assault on the victim or others in the past?<br><input type="checkbox"/> YES <input type="checkbox"/> NO |  |   |   |                          |
| Was the Abused Persons Rights given?<br><input type="checkbox"/> YES <input type="checkbox"/> NO  |   | Does the Victim request a No Contact Order?<br><input type="checkbox"/> YES <input type="checkbox"/> NO |  |                              |   |  |   |   |                          |
| Domestic Abuse Referrals (up to 6)  |   |   |  |                              |   |  |   |   |                          |
| <b>LEOKA</b>  |   |   |  |                              |   |  |   |   |                          |
| Officer Killed  |   |   |  | Type of Assignment           |   |  |   |   |                          |
| Body Armor  |   |   |  | Call Type                    |   |  |   |   |                          |
| W<br>I<br>T<br>N<br>E<br>S<br>S   | Witness Name - Last<br><b>GEARHART</b>              |   | First<br><b>GAVIN</b>  |                              | Middle  |  | Suffix  |   |                          |
|   |   |   | City<br><b>DES MOINES</b>  |                              | State<br><b>IA</b>  | Zip Code<br><b>50315</b>                 |   |   |                          |
|   |   |   | Work Phone #   |                              |   |  | Type of Witness<br><b>02 - INTERVIEWED</b>          |   |                          |

|                                 |  |                          |  |                          |  |
|---------------------------------|--|--------------------------|--|--------------------------|--|
| W<br>I<br>T<br>N<br>E<br>S<br>S | Witness Name - Last<br><b>WEBB</b>     | First<br><b>JANICE</b>   | Middle<br><b>RENEE</b>                         | Suffix                   |  |
|                                 | City<br><b>OES MOINES</b>              |                          | State<br><b>IA</b>                             | Zip Code<br><b>50312</b> |  |
|                                 | Work Phone #                           |                          | Type of Witness                                |                          |  |
| W<br>I<br>T<br>N<br>E<br>S<br>S | Witness Name - Last<br><b>JOHNSTON</b> | First<br><b>NICHOLAS</b> | Middle   | Suffix                   |  |
|                                 | City<br><b>OES MOINES</b>              |                          | State<br><b>IA</b>                             | Zip Code<br><b>50311</b> |  |
|                                 | Work Phone #                           |                          | Type of Witness<br><b>02 - INTERVIEWEO</b>     |                          |  |
| W<br>I<br>T<br>N<br>E<br>S<br>S | Witness Name - Last<br><b>COOK</b>     | First<br><b>CIJI</b>     | Middle<br><b>VANESSA</b>                       | Suffix                   |  |
|                                 | City<br><b>DES MOINES</b>              |                          | State<br><b>IA</b>                             | Zip Code<br><b>50315</b> |  |
|                                 | Work Phone #                           |                          | Type of Witness                                |                          |  |
| W<br>I<br>T<br>N<br>E<br>S<br>S | Witness Name - Last<br><b>WEBB</b>     | First<br><b>CANAAN</b>   | Middle<br><b>SCOTT</b>                         | Suffix                   |  |
|                                 | City<br><b>OES MOINES</b>              |                          | State<br><b>IA</b>                             | Zip Code<br><b>50312</b> |  |
|                                 | Work Phone #                           |                          | Type of Witness<br><b>03 - NOT INTERVIEWEO</b> |                          |  |
| W<br>I<br>T<br>N<br>E<br>S<br>S | Witness Name - Last<br><b>DANIELS</b>  | First<br><b>JOSHUA</b>   | Middle<br><b>OON</b>                           | Suffix                   |  |
|                                 | City<br><b>BOONE</b>                   |                          | State<br><b>IA</b>                             | Zip Code<br><b>50036</b> |  |
|                                 | Work Phone #                           |                          | Type of Witness                                |                          |  |

#### NARRATIVE

ON 7/5/2011, I WAS DISPATCHED TO 255 81ST ST (VALLEY VIEW AQUATIC) REFERENCE AN 8 YEAR OLD MALE WHO WAS UNCONSCIOUS AND NOT BREATHING. WHEN I ARRIVED AT THE SCENE THERE WERE 2 WEST OES MOINES AMBULANCES AND ANOTHER WEST DES MOINES MEDICAL VEHICLE.

AS I WALKED INTO THE WATER PARK I OBSERVED THERE TO BE A CROWD NEXT TO THE POOL ON THE SOUTH SIDE. I COULD SEE A LIFEGUARD PERFORMING CPR ON WHAT APPEARED TO BE A 6-8 YEAR OLD MALE. THIS MALE WAS LATER IDENTIFIED AS KADEN DANIELS.

I SPOKE WITH THE PERSON WHO FOUND DANIELS IN THE POOL, NICHOLAS JOHNSTON. JOHNSTON TOLD ME THAT HE WAS IN THE POOL WITH HIS SISTER AND COUSIN. JOHNSTON SAID THAT DANIELS WAS FLOATING FACE DOWN IN THE WATER AND HE BUMPED INTO HIS COUSIN. ACCORDING TO JOHNSTON DANIELS WAS WEARING GOGGLES AND SO HE THOUGHT HE WAS SWIMMING. JOHNSTON'S COUSIN THOUGHT THAT DANIELS DID NOT APPEAR RIGHT SO SHE FLIPPED HIM OVER AND SAW THAT HIS FACE WAS PURPLE. JOHNSTON PULLED DANIELS' BODY OUT OF THE WATER AND ON TO THE POOL LEDGE. IT WAS AT THIS TIME THAT VALLEY VIEW AQUATIC STAFF BEGAN PERFORMING CPR.

I DROVE TO BLANK CHILDREN'S HOSPITAL AND SPOKE WITH SOME OF THE INDIVIDUALS WHO WERE AT THE POOL WITH DANIELS. THE FIRST PERSON I SPOKE TO WAS DANIELS' BROTHER GAVIN GEARHART. GEARHART TOLD ME THAT HE, DANIELS, AND THEIR COUSIN CANAAN WEBB AND HIS GIRLFRIEND BEVERLY PEYTON WERE ALL SWIMMING IN THE "BIG POOL" WHERE IT WAS 3'6". GEARHART AND WEBB HAD TO HOLD ON TO DANIELS BECAUSE HE DOES NOT KNOW HOW TO SWIM. GEARHART SAID THAT AFTER ONLY A FEW MINUTES (3-4) DANIELS GOT OUT OF THE POOL AND WAS GOING TO WALK OVER TO WHERE HIS GREAT AUNTS WERE WHICH WAS BY THE KID POOL. GEARHART SAW DANIELS GET OUT OF THE POOL AND WALK IN THE DIRECTION IN WHICH THEIR AUNTS WERE.

I SPOKE WITH JANICE WEBB, DANIELS' AUNT. WEBB TOLD ME THAT DANIELS AND THE OTHERS HAD GOTTEN IN THE POOL AT 1600. WEBB KNEW IT WAS 1600 BECAUSE THE STAFF HAD JUST COMPLETED A POOL CHECK AND LET ALL THE PATRONS BACK IN THE POOL. WEBB TOLD THE KIDS THAT THEY HAD 10 MORE MINUTES OF SWIMMING BEFORE THEY WERE GOING TO LEAVE. AT 1607 WEBB SAID THAT SHE WALKED OVER AND FOUND GEARHART. WEBB KNEW WHAT TIME IT WAS BECAUSE SHE SAW THE CLOCK ON THE BUILDING BEFORE SHE STARTED TO WALK AROUND THE POOL. WEBB ASKED GEARHART WHERE DANIELS WAS AND GEARHART TOLD HER THAT HE HAD WALKED OVER TO WHERE SHE WAS. WEBB SAID THAT DANIELS NEVER MADE IT TO HER. WEBB BEGAN TO WALK AROUND THE POOL TO LOOK FOR DANIELS AND THEN NOTICED ALL THE "COMMOION" ON THE OTHER SIDE OF THE POOL. THE COMMOION WEBB WAS REFERRING TO WAS THE LIFEGUARDS SOUNDING THE HORN FOR EVERYONE TO CLEAR THE POOL BECAUSE DANIELS' BODY WAS FOUND.

WEBB INFORMED ME THAT SHE KNEW DANIELS COULD NOT SWIM. WEBB SAID THAT FOR THE MAJORITY OF THE TIME SHE WAS WITH DANIELS IN THE POOL.

**NARRATIVE**

I SPOKE WITH DANIELS' MOTHER CIJI COOK. COOK TOLD ME THAT SHE HAD RECEIVED THE PHONE CALL NOTIFYING HER OF THE SITUATION SHORTLY AFTER PICKING UP HER MOTHER FROM WORK. COOK WAS AWARE OF WHO DANIELS WAS AT THE POOL WITH.

THE ONLY PEOPLE I WAS NOT ABLE TO SPEAK WITH WAS DANIEL'S COUSIN CANAAN WEBB AND HIS GIRLFRIEND BEVERLY PEYTON. WEBB AND PEYTON WERE NOT AT THE HOSPITAL. I ALSO DID NOT SPEAK WITH DANIELS' OTHER AUNT LYNN HARRIS. HARRIS IS JANICE WEBB'S SISTER WHO IS VISITING FROM ALABAMA. HARRIS HAD LEFT THE WAITING ROOM WHEN I WENT TO FIND HER.

WHEN I LEFT THE HOSPITAL DANIELS HAD A PULSE AND HAD BEEN INTUBATED. DANIELS WAS MOVED FROM EMERGENCY ROOM TO THE PEDIATRIC INTENSIVE CARE UNIT.

DANIELS MOTHER AND FATHER (JOSHUA DANIELS) WERE BOTH AT THE HOSPITAL WHEN I LEFT.

ON CALL DET. GASS WAS NOTIFIED OF THE INCIDENT

DHS WORKER KATE OBERBRAECKLING WAS NOTIFIED AS WELL.

|   |  |                             |                      |                               |                            |
|---|--|-----------------------------|----------------------|-------------------------------|----------------------------|
| <b>O<br/>F<br/>F<br/>I<br/>C<br/>E<br/>R</b>  | Complainant/Reporting Party Signature              |                             |                      |                               |                            |
|   |  |                             |                      |                               |                            |
|   | Reporting Officer<br><b>GRANZOW MATTHEW</b>        | Badge Number<br><b>0213</b> | Video Taken?         | Evidence Seized?<br><b>NO</b> | Photos Taken?<br><b>NO</b> |
|   | Supervisor<br><b>Ficcola, Mike</b>                 | Badge Number<br><b>0146</b> | Incident Assigned To |                               |                            |
|   | Cleared Exceptionally<br><b>N - NOT APPLICABLE</b> |                             |                      | Date Cleared Exceptionally    |                            |
| Notifications<br>Investigators <input type="checkbox"/> Identification Unit <input type="checkbox"/> Officer Case Investigative Photos <input type="checkbox"/> |  |                             |                      |                               |                            |